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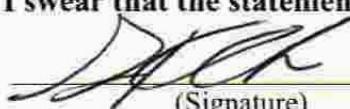
DEC 10 2021

S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER <i>The Corsica Globe</i>		2. DATE <i>9-21-21</i>
3. FREQUENCY OF ISSUE <i>Weekly</i>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>52</i>	3B. ANNUAL SUBSCRIPTION PRICE \$ <i>35.00</i>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)		
<i>P.O. Box 45 Corsica, SD Douglas County 57328-0045</i>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)		
<i>P.O. Box 45 Corsica, Douglas County, SD 57328-0045</i>		
6. FULL NAME OF PUBLISHER: <i>Gerri Kaye Olson</i>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME <i>Back Page</i>		COMPLETE MAILING ADDRESS
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <i>None</i>		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		<i>600</i>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.		<i>55</i>
2. Mail Subscription (Paid and or requested)		<i>508</i>
3. Paid Electronic Copies		<i>0</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		<i>563</i>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		<i>15</i>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<i>0</i>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<i>578</i>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing		<i>22</i>
2. Return from News Agents		<i>0</i>
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		<i>600</i>
		<i>525</i>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:



(Signature)

State of South Dakota)

)

County of Douglas)

)

(Seal)



(Title)

Sworn to before me this 21st day of Sept., 2021Wendy K. Wilson

Notary Public

My commission expires: Aug. 29, 2024